PF-P

STATE OF ALABAMA DEPARTMENT OF INSURANCE

QUARTERLY PREMIUM TAX STATEMENT – FOREIGN TITLE COMPANY CASUALTY BUSINESS

Qı

uarterly Period	Ending March 3	51,
(Due no later	than May 15,)

INSTRUCTIONS

timely

basis shall be subject to a penalty of \$1,000 to \$10,000, to	be assessed by the Commissioner.
RETURNS POST MARKED ON THE DUE DATE W	VILL BE ACCEPTED.
() Each quarter's payment may be paid on Estimated or A () The Alabama Facilities Credit Worksheet must accomp () Make checks payable to: Alabama Department of Insu () WE DO NOT HAVE AN EFT ACCOUNT AT THI POSTAL SERVICE Alabama Department of Insurance c/o Compass Bank	pany this form if paying at a rate less than the 3.6% maximum. Irance. We Do Not have an EFT account at this time. IS TIME. Mail this RETURN and CHECK to the address below: COURIER OR EXPRESS SERVICE Alabama Department of Insurance c/o Compass Bank
P.O. Box 830691 Birmingham, AL 35283-0691	701 South 32 nd Street Birmingham, AL 35233
NAIC#:	(Name of Company)
Preparer's Signature	Name and Title (Print)
Telephone No.	

Preparer's S	ignature	Name and Title (Print)
Telephone No	•	
	PLEASE COMPLET PREMIUM TAX PAID: (reverse side, line 11) Check No.:	PF: \$
STATE OF _	COUNT	TY OF
Personally appea	red before the undersigned attesting officer(Name)	
Who says he/she best of his/her kn	is (Title) of the above conowledge.	mpany and the above statement is true and correct to the
SWORN TO AN	D SUBSCRIBED before me this day of	, 20

NOTARY PUBLIC

ALABAMA INSURANCE DEPARTMENT

Foreign Title Company - CASUALTY BUSINESS

Muartarly	Pariad	Ending	March 31	
Qual Will	1 CHUU	Lilume	Mai Cii 31	•

•	-	,	
(Due no	later than May	15,)

|--|

Date paid _____

Date paid _____

PF-P

TAXABLE PREMIUMS		
ACTUAL:	THIS QUAR	TER TAX RATE TAX
3. All Casualty Business (max. rate: 3.6%, see instructions)	\$	X%= \$
4. Health: a)Groups less than 50 participants b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored	\$	X .5% = \$
group insurance	\$	X 1.6% = \$
5. GROSS PREMIUM TAX DUE - ACTUAL	L BASIS	\$
TAXABLE PREMIUMS ESTIMATED:	<u> PREVIOU</u>	JS YEAR TAX RATE TAX_
6. All Casualty Business	\$	X 25% X% = \$
7. Health: a)Groups less than 50 participants b)Other Health, excluding insurance supplementary to Medicaid or Medicare & employer sponsored, governmental sponsored	\$	X 25% X .5% = \$
group insurance	\$	X 25% X 1.6% = \$
8. GROSS TAX DUE - ESTIMATED BASIS		\$
9. 25% of deductible expenses paid or estimated to be	paid	\$
10. LESS: Prior Year Overpayment		\$
11. NET PREMIUM TAX DUE (line 5 or line 8 n	minus lines 9 and 10)	\$
Report the Amount Paid, Check	k Number, and Date	e of Check in the following schedule.
TAXES PAID: 1st Quarter \$	Check No.	Date paid

2nd Quarter \$ _____ Check No. _____

Check No.

3rd Quarter \$_____